

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-20-2002 90043 049 ****61.25

DOCUMENT # N01000007292

1. Entity Name

HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION II, INC.

Principal Place of Business

7785 BAYMEADOWS WAY, STE. 200
JACKSONVILLE FL 32256

Mailing Address

7785 BAYMEADOWS WAY, STE. 200
JACKSONVILLE FL 32256

23312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3849748

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLYNEUX, JOHN
7785 BAYMEADOWS WAY, STE. 200
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MOLYNEUX, JOHN	
STREET ADDRESS	7785 BAYMEADOWS WAY, STE. 200	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ Delete
NAME	SMITH, DAVID	
STREET ADDRESS	7785 BAYMEADOWS WAY, STE. 200	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ Delete
NAME	DUNCAN, JUDITH	
STREET ADDRESS	555 WINDERLEY PLACE, STE. 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)